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RESILIENCY IN ADULT CHILDREN OF ALCOHOLICS

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Psychology

by
Jeanie Martin Kieley

June 1994

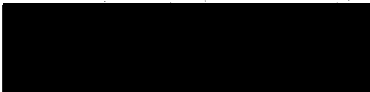
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Approved by:



Dr. Faith H. McClure, Chair, Psychology

5/31/94
Date



Dr. Yu-Chin Chien



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ABSTRACT

The purpose of this study was to focus on adult children of alcoholics (ACAs) and the factors which moderate psychosocial outcome for those individuals. Although many adult children of alcoholics continue to have difficulty in adulthood, others are able to lead productive lives. A number of factors were postulated to be mediators of positive outcomes. In this study, adult children of alcoholics who reported good psychological well-being and strong interpersonal relationships were compared to those who reported poorer psychological well-being and poorer interpersonal relationships. Specifically, social support, having had a childhood mentor, and childhood coping strategies were factors expected to contribute significantly to the psychosocial adjustment of ACAs. A multivariate analysis of variance (MANOVA) and a Chi Square test were used to analyze the data and a significance level of $p = .05$ was used to determine significance. The results indicated that higher functioning ACAs had higher levels of social support and tended to have had more mentoring relationships in childhood compared to those whose functioning was poorer. Poorer functioning ACAs reported using more self-blame in coping with the stress of parental alcoholism. In addition, higher functioning ACAs reported feeling more academically competent than lower functioning ACAs. These findings suggest that there are factors which enhance resilience in

this population and have implications for future interventions for individuals who work with children of alcoholics.

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INTRODUCTION

Recently there has been considerable interest in studying the effects of parental alcohol abuse on children. While there is a prevailing belief that children who grow up in alcoholic homes are "at risk" for developing behavioral, psychological and social problems in childhood, it is becoming increasingly clear that these vulnerabilities can continue into their adult life. When compared with adults who grew up in homes where alcohol was not a problem, adults who grew up in homes where alcohol was a problem report higher levels of psychological and psychosocial problems. These difficulties in adulthood include problems establishing and maintaining intimate relationships, poor self-esteem, depression and anxiety, feelings of insecurity, impulsivity and acting out, and drug and alcohol dependencies (Jacobs, 1991).

While there seems to be continued emphasis on the problems associated with growing up in a home where alcohol is abused, it is important to recognize that many adults who grew up in homes where there was severe alcohol abuse and chaos, were able to overcome the family disorder and are leading relatively normal lives, free of problems and pathology (Plescia-Pikus, Long-Sutter, & Wilson, 1988; Werner, 1985). In fact, often these individuals exhibit high potential and academic proficiency and career successes that seem to exceed expectations.

Generally speaking, individual competencies and the factors associated with them that lead to a sense of mastery and a healthy self-concept have received considerably less attention than factors that are associated with individual limitations or psychopathology. Werner (1985) suggested that individuals from alcoholic families are survivors and that it is important to understand their experience and adjustment. This adjustment is dependent on stabilizing factors, both external and internal, that can help to neutralize the adverse life situations that are typical for children of alcoholics. With the presence of these stabilizing factors these individuals can often go on to attain successful careers, academic accomplishments, and an ability to accept responsibility. However, many of these same individuals have difficulty in establishing and maintaining healthy and intimate relationships, and present with other psychological problems (Woodside, 1988).

According to Anthony and Cohler (1987) resilient individuals are not only competent but confident and prepared to take risks while having the ability to remain flexible. These individuals are thus more likely to have successful coping experiences, allowing them to move on in their life having developed both internal resources (eg. sense of confidence) and external resources (eg. having found other adults who could provide the support their

parents were not able to provide). Thus, when confronted with adversity, they have the capacity for resourceful and constructive problem solving. While it is difficult to determine the impact or degree to which parental alcohol use affects children within the family, literature does suggest that those children who are resilient (i.e. are able to adapt and develop into well-functioning adults) are more flexible and utilize a variety of coping strategies in adulthood.

Although the number of studies on children of alcoholics have increased during the last decade, the literature on adult children of alcoholics and resiliency is still comparatively sparse. Specifically, there is limited research on the environmental risks and protective factors which impact vulnerability to problems related to parental alcohol use. Historically, studies have examined the immediate negative effects of parental alcohol use, while overlooking possible protective mechanisms which may function as moderators that decrease vulnerability.

As individuals have demonstrated unusual psychological strengths by having the ability to adjust and develop stable and healthy lives, despite the alcohol abuse and emotional unavailability of their parents, researchers have begun to ask what it is about these individuals that helps them to become less vulnerable in the face of hardship. This increased awareness has turned the focus of researchers to

studying individual differences in people's reactions to adversity. The concept of protective factors, both psychological and social, is gaining increased interest as researchers attempt to identify factors that may contribute to resiliency.

The purpose of the present study is to evaluate adult children of alcoholics (ACAs), and to assess what some of the predictors of resiliency may be among those who do not develop serious problems despite alcohol use in their families of origin. Since it is clear that not every ACA is affected by their parent's alcohol use in the same way, particular attention needs to be given to the factors that may contribute to psychological and social well being. Specifically, this study will focus on the protective factors that contribute to resiliency, and will examine the role of psychological factors (e.g. coping strategies) and socio-environmental factors (such as family structure and social support).

Protective Psychological Factors

Some researchers have suggested that although academic success may be a positive coping mechanism for children of alcoholics, it may also contribute to decreased psychological functioning. It is hypothesized that focusing on academics is an excellent childhood coping mechanism, because it allows for one area in which the child can be 'in control' and remove themselves psychologically from the

family chaos. However, rigid maintenance of this coping style in adulthood may keep ACAs from becoming emotionally involved with others. Often children who are academic achievers later in adulthood become consumed with work, thus continuing to maintain 'emotional distance' from others (Rutter, 1987; Hinz, 1990).

Evidence of academic achievement as a coping strategy is demonstrated in a study conducted by Hinz (1990). In this study college students were asked to rate 19 personal problem areas on a "Needs Assessment" survey. Consistent with previous research findings, the results showed that ACAs scored higher than non-ACAs on interpersonal anxiety, depression, and family problems. However, the one factor in which ACAs and non-ACAs did not differ from each other was on Academic Skills. As pointed out by Hinz, the lack of significant difference between the groups in their Academic Skills may be considered part of the evidence of ACA's psychological resilience. This finding is inconsistent with the general belief that ACAs demonstrate more academic difficulty due to the disruptive family life that is often part of an alcoholic home. To explain this, Hinz suggested that intellectualization can act as a defensive way of coping and protecting adult children of alcoholics from experiencing feelings. As a result, while psychological resilience is associated with academic success, it may lead to emotional distancing. It may be that high achieving ACAs

excel academically as a way of feeling good about themselves. However, with high academic achievement (which is believed to be a positive coping mechanism) there seems to be some 'cost' in adulthood, which often is reflected in maladaptive psychological functioning, particularly difficulties in establishing and maintaining intimate relationships.

The idea of emotional distancing as a protective mechanism was also addressed by Drake and Vaillant (1988) in their 33-year longitudinal study, whereby they attempted to predict alcoholism and personality disorders in children of alcoholics. Their findings showed that while children of alcoholics were less well adjusted during adolescence, exhibiting more emotional, medical, and behavioral problems, they exhibited neither increased rates of alcoholism or personality disorders as a result of having poor adolescent adjustment. This poor adjustment, which appears common among children of alcoholics, did not seem to adversely effect their later adult functioning. In fact, these ACAs appeared to move into adulthood successfully. Drake and Vaillant attributed some of these individuals' healthy adult development to being able to escape from the environment, developing self competence, and utilizing defense mechanisms that enhance emotional and physical survival, in addition to seeking out healthy, nurturing relationships outside their families. This study also suggests that factors which may

contribute to resiliency in adulthood (eg. development of self competence) could also be associated with emotional distancing.

Menaghan (1983) also suggests that there are several coping responses which represent strategies used by children in an effort to deal with the life's problems. These strategies, although used in an attempt to continue and maintain some dignity in the face of adversity, often allow for the avoidance of feelings (Anthony & Cohler, 1987). The continuation of this avoidance behavior between the individual and their environment leads to unhealthy adjustment and poor interpersonal relationships in adulthood.

Thus, emotional distancing and avoidance of feelings appear to have short-term positive effects but may, if retained as inflexible coping strategies, have long-term negative impact. Conversely, research with children who grow up in abusive families suggests that the children's emotional involvement in the family's dysfunction can have negative impact (Dugan and Coles, 1989). This suggests that children in alcoholic families may, if they use coping strategies that further embroil them in the families' adversity, have poorer outcomes. Although there is little research on use of coping strategies such as self-blame in children of alcoholics, research on emotion-focused coping and emotional involvement in the families' difficulties

suggest that a coping strategy of this sort may provide a sense of control on the short-term but may also contribute to depression and anxiety if the families' distress continues.

Other related literature suggests that there is a relationship between early coping skills, resiliency and successful adult functioning. Plescia-Pikus, Long-Sutter, and Wilson (1988), administered subscales of the California Psychological Inventory, the Impact of Events Scale and a subscale of the Sixteen Personality Factor Questionnaire to a group of ACAs and a control group of non ACAs. Adult children of alcoholics with high well-being scored better than both adult children of alcoholics with low well-being and controls with low well-being on the Achievement via Conformance, and on the Achievement via Independence scales. It was suggested that perhaps certain personality characteristics enhance the development of autonomy, coping skills, and high self-esteem despite an aversive childhood environment. Further, the adult children of alcoholics who scored high on the well-being scale were not significantly different from controls who scored high on well-being, further supporting the argument that they developed coping skills, similar to those of non ACAs, within the chaos of their alcoholic families. These findings support the notion that children of alcoholics who utilize a variety of strategies to achieve their goals (in this study via both

conformance and independence) will have better psychosocial outcomes.

Socio-Environmental Factors

In an attempt to identify family environment factors that protect the offspring of alcoholics from displaying evidence of psychological and social problems, Bennett, Wolin, and Reiss (1988), studied children growing up in alcoholic families where family rituals, preferred roles, and relationships were valued. They found that children in these families were less likely to evidence emotional or behavioral problems. More specifically, children from alcoholic families where rituals such as holidays and mealtimes were carried out with relatively little stress, were less likely to become alcoholic themselves. Taking a family process perspective, this study suggests that these family experiences may have served as moderators of later healthy adult functioning. Perhaps the process of carrying out family traditions and rituals in the midst of parental alcoholism allows the family to experience some structure and consistency which enables children to cope well and contributes to healthy development.

Another social factor which appears to moderate the effects of parental alcohol abuse is the child's relationship with other adults. In a study on the relationship between childhood mentors and resiliency in ACAs, O'Sullivan (1991) found that ACAs who had a

significant nurturing relationship with an adult were more self accepting, had a higher level of self-regard, were more inner directed, spontaneous, and had a greater capacity for developing intimacy compared to those ACAs who did not have a significant nurturing relationship with an adult during childhood. The results of this study thus suggest that a relationship with a caring and nurturing adult can have a definite positive effect on later adult functioning and may be a way of distancing from the alcoholic home environment. In addition, the relationship can help children of alcoholics begin to define their own self-perception, values, and ways of relating to the world. This study did suggest, however, that further research is needed to determine the components of the mentor relationship (i.e. the emotional nature, level of intensity, length of the relationship, etc.) that contribute to the positive outcomes. In addition, it is possible that there are some innate characteristics that allow some children to seek out mentor relationships while living amidst adversity, while others do not.

Werner (1988) also stressed that those children who had the opportunity to establish a close bond with a caregiver and had enough nurturing to establish a feeling of trust, were not only more resilient as children but went on to adjust better in adulthood. She further suggested that the nurturing can come from substitute caregivers outside the

immediate family who can act as a positive role model for identification (such as baby-sitters, nannies, parents of friends, etc.).

In an attempt to identify factors that might predict healthy and successful adult adjustment, Werner (1991) conducted a longitudinal study focusing on children of alcoholics and their caregiving environment. In this study, Werner found that sons of alcoholics demonstrated more psychological problems than daughters. In addition, those children with alcoholic mothers displayed more problems than those with alcoholic fathers. However, 59% of the children of alcoholics did not develop any serious problems by the age of 18 years. Werner's study also found that families who had no additional children and relatively few life stressors in the two years following the birth of the subject, presented with a lower incidence of psychosocial problems. These findings support earlier research which suggests that the child's environment, including the family structure and the age of the child when the drinking was at its worst, are all factors that predict healthy adult functioning.

Summary

In Wilson and Orford's (1978) review of children of alcoholics' literature, a number of points emerged as important considerations for future research. Specifically, factors such as which parent abuses alcohol, the duration of

the alcohol use, the children's perception of the experience, coping strategies utilized by the children, the extent to which the alcoholism contributed to marital conflict, and the relationship with the non drinking parent were important factors. These investigators suggested that researchers cannot simply look at outcome variables, but must consider family contextual variables (such as those just listed) when formulating assessments and determining the severity of the effects of parental alcohol use. On the basis of the literature reviewed, it would appear that several factors, including childhood coping strategies, the presence of a childhood mentor, and additional social support can in some way contribute to healthy adult functioning. Thus, experiences involving significant others, particularly during difficult times in childhood, and the strategies utilized by the children to cope may strongly influence resiliency and later well-being in adult children of alcoholics.

Purpose of This Study

The purpose of the present study was to examine the role of having had a childhood mentor, of social support, and of the coping strategies utilized by ACAs in moderating psychosocial adjustment. On the basis of the literature reviewed, it is hypothesized that:

- 1) well-adjusted ACAs will have had more childhood social support than poorly adjusted ACAs;

2) a) well-adjusted ACAs will have utilized support seeking and problem focused coping strategies in their childhood more than poorly adjusted ACAs b) poorly adjusted ACAs will have utilized avoidant coping strategies in childhood more often than well-adjusted ACAs c) poorly adjusted ACAs will have utilized self-blame as a coping strategy in childhood more often than well-adjusted ACAs;

3) more well-adjusted ACAs will report having a childhood mentor, or a significant relationship with an adult outside their family of origin than poorly adjusted ACAs;

In addition to the above mentioned hypotheses, an exploratory analysis will be done comparing well-adjusted and poorly adjusted ACAs on their perceived academic competence.

METHODS

Design

A single-factor, quasi-experimental, multivariate between-subjects design was adopted. The quasi-independent variable included two levels, to which the subjects were self-assigned, based on whether they were well-adjusted ACAs, or poorly adjusted ACAs. In the proposed study, subject's group membership (well-adjusted ACAs vs. poorly adjusted ACAs) was determined by their scores on the Beck Depression Inventory, the Spielberger Anxiety Index, and the Miller Social Intimacy Scale. Subjects with depression and anxiety scores below the group mean (indicating lower psychological distress) and intimacy scores above the group mean (indicating they are able to form intimate relationships) were considered well-adjusted ACAs. Those subjects with depression and anxiety scores above the group mean (indicating higher psychological distress) and intimacy scores below the group mean (indicating difficulty in establishing and maintaining intimate relationships) were considered poorly adjusted ACAs. By using the scale mean as an index, all the subjects tested in this study were considered well-adjusted. Their depression and anxiety scores were below the scales' means and their intimacy scores were above the scale mean. However, of interest in this study was comparing those doing better to those doing poorer as a way of understanding what contributes to optimal

functioning.

Three dependent variables were included: 1) level of social support in childhood, as measured by the Social Support Appraisal Scale; 2) whether or not they had a childhood mentor, as measured by the item "Did you have any special relationships with adults when growing up?" from The Early Life Events Questionnaire; and 3) amount of utilization of "support-seeking", "problem-solving", "avoidance", "wishful thinking", and "blaming self" coping strategies, as measured by the Ways of Coping Scale.

Subjects

Two hundred fifty-three subjects participated in this study. Of these, 153 were not ACAs and were excluded from further analyses. Of the remaining 100 ACAs, 32 met the criteria for well adjusted and 21 met the criteria for poorly adjusted, as defined above. Forty seven of the subjects who were ACAs fit neither the well-adjusted nor the poorly adjusted categories and were excluded from further analysis. These subjects were all students at California State University at San Bernardino. Sixty seven percent of the subjects who fit the criteria for inclusion were female and 33% were male. Subjects ranged in age from 18 to 43 with a mean age of 25. The ethnicity of the subjects was varied with the majority being Caucasian (54%). Other ethnicities were also represented, with Blacks comprising 11%, Hispanics 13%, and Asians 22%. The majority of the

subjects (59%) were single, 31% were married, 4% divorced, 4% were separated, and 2% had lost their spouse.

Procedures

Subjects were recruited from psychology classes at CSUSB. Subjects signed an informed consent form and were asked to complete a questionnaire which included the scales described below. To be eligible for inclusion in this study, subjects had to have at least one parent with an alcohol problem as determined by the Children of Alcoholics Screening Test (CAST). Only the data from those subjects who met the criteria for well-adjusted and poorly adjusted ACAs (as previously defined) were included in data analysis for this study. Subjects were also given a debriefing form which included the phone numbers of counseling services and support groups in the area.

Measures

1. The Children of Alcoholics Screening Test (CAST) was developed by Jones (1981) to aid in the identification of children of alcoholics. It is a 30-item inventory that measures feelings, attitudes, perceptions, and experiences related to their parents' drinking behavior (Jones, 1982). A Spearman-Brown split-half technique was used and resulted in a reliability coefficient of .98 (Jones, 1983). Chi-square analysis, comparing scores of 82 children of diagnosed alcoholics combined with 15 self-reported children of alcoholics with 118 controls, revealed that the 30 items

significantly differentiated children of alcoholics from the control group. According to the standards of the CAST, people who give 0-1 "yes" answers are classified as adults of non-alcoholics; those who provide 2-5 "yes" answers are classified as adults of problem drinkers; and those who indicate 6 or more "yes" answers are classified as adults of alcoholics (ACAs). To be eligible for inclusion in the data analysis for this study, subjects had to have responded "yes" to 6 or more items on the CAST.

2. Depression was assessed using The Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, and Erbaugh, 1969). This is a 21 item self report inventory. Each item describes a specific manifestation of depression and consists of a graded series of self-evaluative statements. Subjects were asked to indicate, on a scale of 0-3, the extent to which that item described their experience. The possible score-range for this inventory is 0-63. Split-half reliability coefficient is .86. When clinicians ratings of the depth of depression were correlated with BDI scores, validity correlations ranged from .65 to .67.

3. Anxiety was assessed using the Spielberger State Anxiety Index (STAI) (Spielberger, Gorsch and Lushene, 1970). This is a 40 item self-report measure with questions pertaining to state anxiety (20 questions) and trait anxiety (20 questions). This study used the 20 questions pertaining to state anxiety only. Subjects were asked to respond to a

question on a four point scale indicating whether each item applies 1) not at all, 2) somewhat, 3)moderately so, or 4) very much. Internal consistency reliability coefficients range from .86 to .51 for the state items. The possible score range for each subscale is 20 to 80 and the score range for the entire test, which includes both state and trait, is 40 to 160.

4. The Miller Social Intimacy Scale (Miller & Lefcourt, 1982), was used to determine current ability to form intimate relationships. This scale had 17 items, and used a 10 point Likert scale for scoring. Test-retest reliabilities of .96 and .84 over two and four month intervals have been found, and the scale has been found to correlate positively with scales measuring interpersonal relationships and loneliness. The possible score range is 17 to 170.

5. The Early Life Events Questionnaire (O'Sullivan, 1991) was developed to help gather information about the composition of alcoholic families and some possible events that happened in the childhood of those growing up in alcoholic homes. Items from this questionnaire, which were used in this study, included demographic questions, questions assessing the family composition (eg. birth order) and questions about childhood relationships including peer relationships and mentoring relationships. One of the questions focused on whether or not the subject had any

special adult relationships while growing up, who the individuals was, how long they had the relationship, and how often contact was made. On a Likert scale, the subject was asked to indicate how much that relationship has contributed to their present satisfaction in life. Test-retest reliability produced a Pearson product moment coefficient of .86.

6. The Revised Ways of Coping Scale (Vitaliano, Russo, Carr, Maiuro, & Becker, 1985), is a revision of the Lazarus & Folkman (1984) scale and was used to measure how the subjects coped in response to the stressful period while their parent's alcohol use was at its worst. This is a 42 item Likert type questionnaire in which subjects were asked to indicate the extent to which they used the various coping strategies in childhood. There are five subscales in this measure, "problem-focused" (15 items range 15-60), "social support" (6 items range 6-24), "blamed self" (3 items range 3-12), "wishful thinking" (8 items range 8-32), and "avoidance" (10 items range 10 -40). Reliabilites for the five revised subscales range from .74 to .88.

7. The Social Support Appraisal Scale (Vaux, 1987) was used to help identify the extent to which the subjects believe that they were loved, cared for and involved with other family members during the time their parents drinking was at its worst. This is a 23 item Likert type questionnaire in which subjects rate their degree of

agreement or disagreement on a 4 point scale to items such as the ones just mentioned. There are three subscales in this measure. The "family" subscale has 8 items and has an internal consistency of .90. The "peers" (6 items) and the "others" (7 items) subscales have internal consistencies of .83.

8. The Self-Perception Profile for College Students (Neemann & Harter, 1986) was used to assess whether or not the subject feels competent about mastering their coursework and succeeding in their academic pursuits. There are 13 subscales and a total of 54 items. For the purpose of this study, only the subscale "scholastic competence" (with a total of four items) was used. Subjects were asked to rate themselves on each item using a scale from 1 (really untrue for me) which represents the least competent to 4 (really true for me) which represents the most competent. The total score will indicate the degree of competence the subjects perceive in themselves regarding their academics. Across subscales, coefficient alpha ranged from .76 to .92 for a pilot group of 300 subjects.

RESULTS

For this study, ACAs were divided into two groups, well-adjusted and less well-adjusted. Subjects were considered well-adjusted if their combined anxiety and depression scores were below the group mean (51.38) and their intimacy scores above the group mean (146.37). ACAs with combined anxiety and depression scores above the group mean and intimacy scores below the group mean were considered less well-adjusted ACAs. A MANOVA was run comparing well-adjusted ACAs to less well adjusted ACAs on the following dimensions: 1) social support, 2) coping strategies used, (problem focused, social support, wishful thinking, blamed self, avoidance), and 3) academic competence.

A Chi Square analysis was conducted to assess whether more well-adjusted ACAs reported having had a childhood mentor or significant relationship with an adult outside their family of origin than did less well-adjusted ACAs.

Social Support

The results of the MANOVA comparing well-adjusted ACAs to less well-adjusted ACAs on social support yielded a significant group main effect on social support, $F(1,51) = 3.89, p < .05$. As can be seen in Table 1, well-adjusted ACAs reported significantly higher levels of social support than less well-adjusted ACAs.

Table 1

Mean Scores Comparing Well Adjusted and
Less Well Adjusted ACAs on Social Support

The outcome measure	Type of ACAs	
	Well-adjusted ACAs (N = 32)	Less well-adjusted ACAs (N = 21)
Social support	M = 68.56 SD = 12.86	M = 61.61 SD = 11.99

Coping Strategies

The results of the MANOVA comparing well-adjusted ACAs to less well-adjusted ACAs on coping strategies yielded a significant group main effect on the use of "blamed self" as a coping strategy, $F(1,51) = 4.85$ $p, < .05$. The groups did not differ significantly on use of any of the other coping strategies or on the total number of coping strategies used. As can be seen in Table 2, less well-adjusted ACAs reported use of the coping strategy "blamed self" significantly more than well-adjusted ACAs.

Table 2

Mean Scores Comparing Well Adjusted ACAs and
Less Well Adjusted ACAs on Coping Strategies

The outcome measure	Type of ACAs	
	Well-adjusted ACAs (N = 32)	Less well-adjusted ACAs (N = 21)
Problem focused	M = 30.38 SD = 7.45	M = 31.34 SD = 7.44
Social support	M = 10.43 SD = 3.62	M = 10.82 SD = 4.32
Wishful thinking	M = 20.05 SD = 6.05	M = 19.93 SD = 5.86
Blamed self	M = 5.52 SD = 2.89	M = 4.09 SD = 1.72
Avoidance	M = 23.58 SD = 5.34	M = 22.24 SD = 4.95

Academic Competence

The results of the MANOVA comparing well adjusted ACAs to less well adjusted ACAs indicated a significant group main effect on academic competence, $F(1,51) = 23.74$, $p < .001$. When compared to less well-adjusted ACAs, well-adjusted ACAs reported feeling significantly more competent in their ability to master their course work. These results are illustrated in Table 3.

Table 3

Mean Differences Between Well Adjusted ACAs and Less Well Adjusted ACAs on Perceived Academic Competence

The outcome measure	Type of ACAs	
	Well-adjusted ACAs (N = 32)	Less well-adjusted ACAs (N = 21)
Academic competence	M = 13.84 SD = 1.77	M = 10.67 SD = 2.99

Mentor Relationships

A Chi Square analysis was conducted to assess if more well-adjusted ACAs reported having had a childhood mentor (or significant meaningful relationship with someone outside their family of origin) than less well-adjusted ACAs did. The analysis failed to yield any significant differences. However, as can be seen in Table 4, more of the well-adjusted ACAs (87.9%) report having had a childhood mentor compared to the less well-adjusted ACAs (66.7%).

Table 4

Percentage of Subjects in Each ACA Group Reporting Having or Not Having Had a Childhood Mentor

Having had Mentor Relationship	Type of ACAs	
	Well-adjusted ACAs	Less well-adjusted ACAs
Yes	87.9% (N=29)	66.7% (N=14)
No	12.1% (N=4)	33.3% (N=7)

DISCUSSION

The purpose of the present study was to examine adult children of alcoholics' later adult functioning. This study focused on college students who were ACAs and were, in general, well functioning. Of specific interest was comparing, among this relatively well-functioning group, those who were better adjusted (ie. those exhibiting levels of depression and anxiety below the group mean and levels of intimacy above the group mean) to those who were less well-adjusted (ie. those with levels of depression and anxiety above the group mean and levels of intimacy below the group mean) on the amount of each type of coping strategy they used, their levels of social support, their perception of their academic competence, and whether or not they reported having had a childhood mentor.

The results indicated that relatively well adjusted ACAs had significantly more childhood social support than less well adjusted ACAs. This finding is consistent with other reports in the literature. For example, Werner and Smith (1985) reported that a child's ability to seek out older friends, teachers, clergy, and other family members for support and guidance impacted their adjustment and seemed to help them cope more effectively with their stressful home life. They suggest that those children who used the informal assistance of others were able to, not only benefit from having some external social support, but

were able to identify with a healthy adult role model. These children's ability and/or willingness to seek out support as well as their identification with a positive and healthy role model/mentor may have facilitated their healthy development and sense of mastery while strengthening their inner resources. In addition to providing external support, identifying with someone who modeled healthy coping strategies and resilience may have enhanced these children's ability to engage in more healthy coping strategies themselves. These healthy coping strategies may be critical factors in lessening the potential negative effects of parental alcohol abuse.

In evaluating the coping strategies used, the results indicated that well-adjusted ACAs did not utilize support seeking and problem focused coping strategies more than less well-adjusted ACAs. Nor did the results indicate that the less well-adjusted ACAs utilized avoidant coping strategies more often than well-adjusted ACAs. Reports in the literature suggest that the more active, problem solving approaches yield outcomes that are more favorable to long-term adjustment than do the more passive, emotion-focused approaches. This was not found to be true for this sample and may reflect the overall high levels of functioning exhibited by the subjects. It is also possible that the long-term impact of growing up in an alcoholic home does not have to result in adopting coping strategies that might be

deleterious to long-term functioning. However, as expected, subjects who exhibited poorer functioning did report using self-blame more frequently in coping with their parent(s)' alcoholism. Thus, it may be that some specific types of coping behaviors within the emotion-focused dimension may have more negative effects than others. These subjects who report more self-blame may represent those children for whom their parents' alcoholism occurred at a particular developmental phase or subjects for whom the mother was the alcoholic. Wilson and Orford (1978) have suggested that these may be important factors that mediate outcome in ACAs. These are clearly issues that need further exploration since use of a self-blaming strategy could contribute to poorer psychological adjustment. Thus, while it seems appropriate that some children of alcoholics may have needed to rationalize and/or normalize their experience to some degree, and blaming themselves may have potentially given them a sense of control, continued use of this coping strategy and remaining embroiled in the family dysfunction might have interfered with optimal adult functioning.

It is important to note that subjects' coping with parental alcoholism is what was assessed and we lack data regarding how subjects might cope with a variety of stressors, especially current ones. Research suggests that flexibility in coping styles enhances adjustment. Evaluating whether children who grow up in alcoholic homes

where they may lack healthy models of coping are able to utilize coping strategies flexibly is important since this may have implications for interventions with children who grow up in these homes. Unfortunately, our study did not allow for this more process-oriented evaluation of this issue.

One of the factors that has been suggested by the research as a possible moderator of adult adjustment in ACAs is social support and specifically having a childhood mentor (O'Sullivan, 1991). In this study, the results indicated that well-adjusted ACAs reported higher levels of social support than less well-adjusted ACAs. Social support and mentoring relationships may impact children in several ways. These individuals may provide alternative role models for the children. They may also provide emotional nurturance for the child while fostering self competence, which are factors that have been noted to contribute to resiliency and healthy development. Furthermore, actively seeking outside social support may also allow a child to feel a sense of control. Individuals who have some control and are able to restructure their environment can thereby generate good things in their lives and learn to balance both "good and bad". It is likely that these individuals are more able to continue into adulthood with the ability to integrate stressful life events that occur and sort out their shame and blame regarding these incidences.

Similarly, Werner (1988) suggests that despite family chaos, most resilient children have had the opportunity to establish a relationship with at least one caregiver in their early childhood. In this study, eighty eight percent of the well-adjusted ACAs reported having had a significant childhood relationship and only 12% reported that they did not have a significant childhood relationship. In contrast, 66% of the less well-adjusted ACAs reported that they had a significant childhood relationship while 33% of the less well-adjusted reported not having a significant childhood relationship. This provides strong support for the belief that a healthy role model is important in the lives of children, particularly children coming from alcoholic homes.

Results of the present study clearly suggest that well-adjusted ACAs in college perceive themselves as functioning well academically, whereas less well-adjusted ACAs report significantly more concern regarding their academic competence. Although these less well-adjusted ACAs are, at some level, functioning well enough to pursue college, interestingly, their self perception of their academic competence is lower. It would be interesting to investigate whether or not these individuals actually do more poorly in their studies, or whether they just have lower levels of self confidence.

Anthony (1974) suggests that one healthy relationship, if providing enough good nurturing, will help the child to

establish a basic sense of trust. It is likely that this trust not only includes trusting in that one person, but extends to trusting in one's self. While the growth of interpersonal competence continues throughout life, important facilitating factors in childhood (ie. nurturance and support) contribute significantly. Perhaps these well-adjusted ACAs who reported feeling significantly less competent in their academics lacked the social support and positive feedback that might have contributed to an increased sense of personal competence that was evidenced in the well-adjusted ACAs.

Limitations

Further research needs to be conducted examining how ACAs who are functioning optimally coped in childhood with their parent(s) alcoholism and how they are presently coping with stressful life events. The issue of flexibility in coping is a factor that is only now being addressed in the literature and needs further study.

In addition, use of a college sample might have increased internal validity but probably limited external validity and generalizability. Unfortunately, much of the research to date on this topic has sampled treatment-seeking populations which also yields limited generalizability. It is likely that the results observed here do not necessarily accurately represent adult children of alcoholics and future research should be conducted with community samples.

Further research should also take into account the importance of differential parental alcohol abuse (ie. frequency, severity, and pattern of alcohol use) on adjustment. Additionally, to understand the consequences and impact of parental alcohol abuse, we must not overlook variables such as the specific developmental period that the child was in during the alcohol use and what kinds of support systems were available to them during that time. Developmental stages can impact a child's resiliency and/or vulnerability and needs to be assessed in future studies.

Implications

Despite the common perception that ACAs present with more psychological and social problems as well as poorer interpersonal relationships, the findings of the present study suggest that many ACAs are well functioning and high achieving individuals. Recognition of these individuals and their resiliency in the face of adversity, and their utilization of both external and internal protective factors needs to be looked at and taken into consideration when working with adult children of alcoholics. More importantly, understanding how these protective factors may have affected ACA's healthy adult functioning is critically important when working with children of alcoholics. It appears to be critical that these children's resources (both external and internal) need to be broadened. In particular, the nurturance, support, protection and

encouragement of the non alcoholic parent or other supportive adult would help to lessen potential negative impact of the alcoholic parent on the child's long-term adjustment.

The findings of this study provide a more hopeful perspective than the extensive literature that exists on the problems associated with growing up in an alcoholic home. This may be due to the populations typically sampled. While the literature on adult children of alcoholics has been dominated by a focus on the problems associated with a childhood of this sort, research on factors associated with resilience and healthy adult adjustment is very important. Findings here can provide us with useful information regarding what may be protective for children who grow up in families where alcohol is abused and has implications for interventions with these children and their families. It is possible that, with continued research and exploration, effective interventions can be identified that will enhance adjustment for these children. The findings of this study represent a beginning of that research and suggest that social support, mentoring relationships, and experiences that enhance the child's sense of competence (such as academic success) may all play important roles in long-term healthy functioning for these children.

APPENDIX A: QUESTIONNAIRE 1:

In response to the following set of questions, please make an "X" in the appropriate space, or enter a number indicating your answer.

1. What is your age? _____

2. What is your sex? _____ M _____ F

3. What is your marital status?

_____ Married _____ Separated _____ Divorced
_____ Widowed _____ Never Married _____ Remarried

4. What is your ethnic background?

_____ Black _____ Hispanic _____ Native American
_____ White _____ Asian/Pacific Islander _____ Other (specify) _____

5. Present yearly income for your household:

_____ Under \$15,000 _____ \$15,000 - \$25,000 _____ \$25,000 - \$35,000
_____ \$35,000 - \$45,000 _____ \$45,000 - \$55,000 _____ Over \$55,000

6. What was the main occupation of the family in which you were raised?

_____ Professional _____ Technical _____ Clerical
_____ Managerial _____ Skilled Labor _____ Unskilled Labor
_____ Other (Specify) _____

7. What is the total number of years of education you have had? _____
8. How many brothers do you have that are older than you? _____ younger than you? _____
9. How many sisters do you have that are older than you? _____ younger than you? _____

In response to the following set of questions, please make an "X" in the appropriate space at the end of each statement.

- | | | | |
|----|---|-----------|----------|
| 0. | Have you ever thought that one of your parents had a drinking problem?..... | _____ Yes | _____ No |
| 1. | Have you ever lost sleep because of a parent's drinking?..... | _____ Yes | _____ No |
| 2. | Did you ever encourage one of your parents to quit drinking?..... | _____ Yes | _____ No |
| 3. | Did you ever feel alone, scared, nervous, angry, or
frustrated because a parent was not able to stop drinking? | _____ Yes | _____ No |
| 4. | Did you ever argue or fight with a parent when he or she was drinking?..... | _____ Yes | _____ No |
| 5. | Did you ever threaten to run away from home because of a parent's drinking?.... | _____ Yes | _____ No |
| 6. | Has a parent ever yelled at or hit you or other family member's when drinking?... | _____ Yes | _____ No |
| 7. | Have you ever heard your parents fight when one of them was drunk?..... | _____ Yes | _____ No |
| 8. | Did you ever protect another family member from a parent who was drinking?..... | _____ Yes | _____ No |

9. Did you ever feel like hiding or emptying a parent's bottle of liquor?..... ☐ Yes ☐ No
0. Do or did many of your thoughts revolve around a problem drinking parent, or difficulties that arise because of his or her drinking?..... ☐ Yes ☐ No
1. Did you ever wish that a parent would stop drinking?..... ☐ Yes ☐ No
2. Did you ever feel responsible for or guilty about a parent's drinking?..... ☐ Yes ☐ No
3. Did you ever fear that your parents would get divorced due to alcohol misuse?... ☐ Yes ☐ No
4. Have you ever withdrawn from or avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?..... ☐ Yes ☐ No
5. Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?..... ☐ Yes ☐ No
6. Did you ever feel that you made a parent drink alcohol?..... ☐ Yes ☐ No
7. Have you ever felt that a problem drinking parent did not really love you?..... ☐ Yes ☐ No
8. Did you ever resent a parent's drinking?..... ☐ Yes ☐ No
9. Have you ever worried about a parent's health because of his or her alcohol use?..... ☐ Yes ☐ No
0. Have you ever been blamed for a parent's drinking?..... ☐ Yes ☐ No
1. Did you ever think your father was an alcoholic?..... ☐ Yes ☐ No

2. Did you ever wish your home could be more like the homes of
your friends who did not have a parent with a drinking problem?..... ☐ Yes ☐ No
3. Did a parent ever make promises to you
that he or she did not keep because of drinking?..... ☐ Yes ☐ No
4. Did you ever think your mother was an alcoholic?..... ☐ Yes ☐ No
5. Did you ever wish that you could talk to someone who could
understand and help the alcohol-related problems in your family?..... ☐ Yes ☐ No
6. Did you ever fight with your brothers and sisters
about a parent's drinking problem?..... ☐ Yes ☐ No
7. Did you ever stay away from home to avoid the drinking
parent or your other parent's reaction to the drinking parent?..... ☐ Yes ☐ No
8. Have you ever felt sick, cried, or had a "knot" in your
stomach after worrying about a parent's drinking?..... ☐ Yes ☐ No
9. Did you ever take over any chores and duties at home that were
usually done by a parent before he or she developed a drinking problem?..... ☐ Yes ☐ No
10. Did you have a special friend or group of friends
of your own age when you were growing up?..... ☐ Yes ☐ No
11. Did you have any special relationships with adults when growing up?..... ☐ Yes ☐ No
12. If the answer to No. 41 is yes, how many adults were important to you? _____

Answer the following questions about the adult who was most important to you.

3. Who was it? (Put an "X" in front of one)

_____ Mother	_____ Grandmother
_____ Father	_____ Grandfather
_____ Adult Brother	_____ Teacher
_____ Adult Sister	_____ Minister/Priest/Rabbi
_____ Aunt	_____ Neighbor
_____ Uncle	_____ Other (please specify) _____

4. How old were you when this relationship became important to you? _____

5. How often did you see this person?

_____ times/week _____ times/month _____ times/year

6. How long did this relationship last? _____ years _____ months

For those of you who had a parent who abused alcohol please respond to the following questions and describe how you coped when your parent(s) drinking was at its worst. For those of you who did not have a parent who abused alcohol, think of a stressful event that you experienced during your childhood. On the lines below, please describe briefly what that stressful event was.

The following questions have to do with how you coped during that stressful period. Circle the appropriate number to indicate the extent to which you used the various methods of coping described below:

1 - means the method described was **Not Used**

2 - means the method described was **Used Somewhat**

3 - means the method described was **Used Quite A Bit**

4 - means the method described was **Used A Great Deal**

	Not Used	Used Somewhat	Used Quite A Bit	Used A Great Deal
7. Bargained or compromised to get something.....	1	2	3	4
8. Talked to someone to find out about the situation.....	1	2	3	4
9. Blamed yourself.....	1	2	3	4
10. Hoped a miracle would happen.....	1	2	3	4
11. Went on as if nothing happened.....	1	2	3	4
12. Concentrated on something good that could come out of the whole thing...	1	2	3	4
13. Accepted sympathy and understanding from someone.....	1	2	3	4
14. Criticized or lectured yourself.....	1	2	3	4
15. Wished you were a stronger person--more optimistic and forceful.....	1	2	3	4
16. Felt bad that you couldn't avoid the problem.....	1	2	3	4
17. Tried not to burn your bridges behind you but left things open somewhat...	1	2	3	4
18. Got professional help and did what they recommended.....	1	2	3	4
19. Realized you brought the problem on yourself.....	1	2	3	4
20. Wished that you could change what had happened.....	1	2	3	4
21. Kept your feelings to yourself.....	1	2	3	4

	Not Used	Used Somewhat	Used Quite A Bit	Used A Great Deal
2. Changed or grew as a person in a good way.....1			2	3 4
3. Talked to someone who could do something about the problem..... 1			2	3 4
4. Wished you could change the way that you felt.....1			2	3 4
5. Slept more than usual.....1			2	3 4
6. Made a plan of action and followed it.....1			2	3 4
7. Asked someone you respected for advice and followed it.....1			2	3 4
8. Daydreamed or imagined a better time or place than the one you were in... 1			2	3 4
9. Got mad at the people or things that caused the problem.....1			2	3 4
0. Accepted the next best thing to what you wanted.....1			2	3 4
1. Talked to someone about how you were feeling..... 1			2	3 4
2. Had fantasies or wishes about how things might turn out.....1			2	3 4
3. Tried to forget the whole thing.....1			2	3 4
4. Came out of the experience better than you went in.....1			2	3 4
5. Thought about fantastic or unreal things (like perfect revenge or finding a million dollars) that made you feel better.....1			2	3 4
6. Tried to make yourself feel better by eating, drinking, smoking, taking medication, etc.....1			2	3 4
7. Tried not to act too hastily or follow a hunch.....1			2	3 4
8. Wished the situation would go away or somehow be finished..... 1			2	3 4
9. Avoided being with people in general.....1			2	3 4
0. Changed something so things would turn out all right.....1			2	3 4
1. Kept others from knowing how bad things were.....1			2	3 4
2. Just took things one step at a time.....1			2	3 4
3. Refused to believe it had happened.....1			2	3 4
4. You knew what had to be done, so you doubled your efforts and tried harder to make things work.....1			2	3 4
5. Came up with a couple of different solutions to the problem..... 1			2	3 4
6. Accepted your strong feelings, but didn't let them interfere with other things too much.....1			2	3 4

- | | | | | | |
|----|--|---|---|---|---|
| 7. | Changed something about yourself
so you could deal with the situation better..... | 1 | 2 | 3 | 4 |
| 3. | Stood your ground and fought for what you wanted..... | 1 | 2 | 3 | 4 |

Please answer the following questions for the period when either your parent(s) alcohol use was at its worst or when you experienced the stressful event you described above. For each item, rate on a scale of 1 (*strongly disagree*) to 4 (*strongly agree*) the extent to which each statement fits for you. Please circle the number which best represents your response.

		Strongly Disagree			Strongly Agree
9.	My friends respected me.....	1	2	3	4
0.	My family cared for me very much.....	1	2	3	4
1.	I was not important to others.....	1	2	3	4
2.	My family held me in high esteem.....	1	2	3	4
4.	I was well liked.....	1	2	3	4
5.	I could rely on my friends.....	1	2	3	4
6.	I was really admired by my family.....	1	2	3	4
7.	I was respected by other people.....	1	2	3	4
8.	I was loved dearly by my family.....	1	2	3	4
9.	My friends didn't care about my welfare.....	1	2	3	4
00.	Members of my family relied on me.....	1	2	3	4
01.	I was held in high esteem.....	1	2	3	4
02.	I couldn't rely on my family for support.....	1	2	3	4
03.	People admired me.....	1	2	3	4
04.	I felt a strong bond with my friends.....	1	2	3	4
05.	My friends looked out for me.....	1	2	3	4
06.	I felt valued by other people.....	1	2	3	4
07.	My family really respected me.....	1	2	3	4
08.	My friends and I were really important to one another.....	1	2	3	4
09.	I felt like I belonged.....	1	2	3	4
10.	If I would have died, very few people would have missed me.....	1	2	3	4
11.	I didn't feel close to members of my family.....	1	2	3	4
12.	My friends and I did a lot for one another.....	1	2	3	4

Please pick out the one statement in each group which best describes the way you have been feeling the past week, including today. Put an "X" in the space next to the number which best represents the statement you picked.

3. 0 ☐ I do not feel sad.
1 ☐ I feel sad.
2 ☐ I am sad all the time and I can't snap out of it.
3 ☐ I am so sad or unhappy that I can't stand it.
4. 0 ☐ I am not particularly discouraged about the future.
1 ☐ I feel discouraged about the future.
2 ☐ I feel I have nothing to look forward to.
3 ☐ I feel that the future is hopeless and that things cannot improve.
5. 0 ☐ I do not feel like a failure.
1 ☐ I feel I have failed more than the average person.
2 ☐ As I look back on my life, all I can see is a lot of failures.
3 ☐ I feel I am a complete failure as a person.
6. 0 ☐ I get as much satisfaction out of things as I used to.
1 ☐ I don't enjoy things the way I used to.
2 ☐ I don't get real satisfaction out of anything anymore.
3 ☐ I am dissatisfied or bored with everything.
7. 0 ☐ I don't feel particularly guilty.
1 ☐ I feel guilty a good part of the time.
2 ☐ I feel quite guilty most of the time.
3 ☐ I feel guilty all of the time.
8. 0 ☐ I don't feel I am being punished.
1 ☐ I feel I may be punished.
2 ☐ I expect to be punished.
3 ☐ I feel I am being punished.
9. 0 ☐ I don't feel disappointed in myself.
1 ☐ I am disappointed in myself.
2 ☐ I am disgusted with myself.
3 ☐ I hate myself.
10. 0 ☐ I don't feel I am any worse than anybody else.
1 ☐ I am critical of myself for my weaknesses or mistakes.
2 ☐ I blame myself all the time for my faults.
3 ☐ I blame myself for everything bad that happens.
11. 0 ☐ I don't have any thought of killing myself.
1 ☐ I have thoughts of killing myself, but I would not carry them out.
2 ☐ I would like to kill myself.
3 ☐ I would kill myself if I had the chance.
12. 0 ☐ I don't cry any more than usual.
1 ☐ I cry more now than I used to.
2 ☐ I cry all the time now.
3 ☐ I used to be able to cry, but now I can't cry even though I want to.

3. 0 ☐ I am no more irritated now than I ever am.
 1 ☐ I get annoyed or irritated more easily than I used to.
 2 ☐ I feel irritated all the time now.
 3 ☐ I don't get irritated at all by the things that used to irritate me.
4. 0 ☐ I have not lost interest in other people.
 1 ☐ I am less interested in other people than I used to be.
 2 ☐ I have lost most of my interest in other people.
 3 ☐ I have lost all of my interest in other people.
5. 0 ☐ I make decisions about as well as I ever could.
 1 ☐ I put off making decisions more than I used to.
 2 ☐ I have greater difficulty in making decisions than before.
 3 ☐ I can't make decisions at all anymore.
6. 0 ☐ I don't feel I look any worse than I used to.
 1 ☐ I am worried that I am looking old or unattractive.
 2 ☐ I feel that there are permanent changes in my appearance that make me look unattractive.
 3 ☐ I believe that I look ugly.
7. 0 ☐ I can work about as well as before.
 1 ☐ It takes an extra effort to get started at doing something.
 2 ☐ I have to push myself very hard to do anything.
 3 ☐ I can't do any work at all.
8. 0 ☐ I can sleep as well as usual.
 1 ☐ I don't sleep as well as I used to.
 2 ☐ I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3 ☐ I wake up several hours earlier than I used to and cannot get back to sleep.
9. 0 ☐ I don't get more tired than usual.
 1 ☐ I get tired more easily than I used to.
 2 ☐ I get tired from doing almost anything.
 3 ☐ I am too tired to do anything.
10. 0 ☐ My appetite is no worse than usual.
 1 ☐ My appetite is not as good as it used to be.
 2 ☐ My appetite is much worse now.
 3 ☐ I have no appetite at all anymore.
11. 0 ☐ I haven't lost much weight, if any, lately.
 1 ☐ I have lost more than 5 pounds.
 2 ☐ I have lost more than 10 pounds.
 3 ☐ I have lost more than 15 pounds.
- (Note: If you put an "X" by 1, 2, or 3, place an "X" below if the statement applies to you)
- ☐ I am purposely trying to lose weight by eating less.
12. 0 ☐ I am no more worried about my health than usual.
 1 ☐ I am worried about physical problems such as aches and pain; or upset stomach; or constipation.
 2 ☐ I am very worried about physical problems and it's hard to think of much else.
 3 ☐ I am so worried about my physical problems that I cannot think about anything else.
13. 0 ☐ I have not noticed any recent change in my interest in sex.
 1 ☐ I am less interested in sex than I used to be.
 2 ☐ I am much less interested in sex now.
 3 ☐ I have lost interest in sex completely

Read each statement below and then circle a number to indicate how you feel right now.

1 - means **Not At All**

2 - means **Somewhat**

3 - means **Moderately So**

4 - means **Very Much So**

	Not At All	Somewhat	Moderately So	Very Much So
4. I feel calm.....	1	2	3	4
5. I feel secure.....	1	2	3	4
6. I am tense.....	1	2	3	4
7. I am regretful.....	1	2	3	4
8. I feel at ease.....	1	2	3	4
9. I feel upset.....	1	2	3	4
10. I am presently worrying over possible misfortunes.....	1	2	3	4
11. I feel rested.....	1	2	3	4
12. I feel anxious.....	1	2	3	4
13. I feel comfortable.....	1	2	3	4
14. I feel self-confident.....	1	2	3	4
15. I feel nervous.....	1	2	3	4
16. I feel jittery.....	1	2	3	4
17. I feel "high strung".....	1	2	3	4
18. I feel relaxed.....	1	2	3	4
19. I feel confident.....	1	2	3	4
20. I feel worried.....	1	2	3	4
21. I feel over-excited & "rattled".....	1	2	3	4
22. I feel joyful.....	1	2	3	4
23. I feel pleasant.....	1	2	3	4

Think about the person to whom you are the closest and write his/her relationship to you on the line provided. For example, husband/wife, girlfriend/boyfriend, friend, mother/father, counselor, etc.

(Write Relationship Here)

Keeping the relationship with this person in mind, read the next set of statements and circle the number which corresponds to the answer which best applies to you. The scale ranges from 1 (*Very Rarely*) to 5 (*Some Of The Time*) to 10 (*Almost Always*).

4. When you have leisure time how often do you choose to spend it with him/her?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
5. How often do you keep very personal information to yourself and not share it with him/her?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
6. How often do you show him/her affection?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
7. How often do you confide very personal information to him/her?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
8. How often are you able to understand his/her feelings?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
9. How often do you feel close to him/her?
- | | | | | | | | | | |
|-------------|---|---|---|------------------|---|---|---|---|---------------|
| Very Rarely | | | | Some Of The Time | | | | | Almost Always |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
10. How much do you like to spend time alone with him/her?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|---|--------------|
| Not Much | | | | Somewhat | | | | | A Great Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
11. How much do you feel like being encouraging and supportive to him/her when he/she is unhappy?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|---|--------------|
| Not Much | | | | Somewhat | | | | | A Great Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
12. How close do you feel to him/her most of the time?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|---|--------------|
| Not Much | | | | Somewhat | | | | | A Great Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
13. How important is it to you to listen to his/her very personal disclosures?
- | | | | | | | | | | |
|----------|---|---|---|----------|---|---|---|---|--------------|
| Not Much | | | | Somewhat | | | | | A Great Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

4. How satisfying is your relationship with him/her?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
5. How affectionate do you feel towards him/her?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
6. How important is it to you that he/she understands your feelings?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
7. How much damage is caused by a typical disagreement in your relationship with him/her?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
8. How important is it to you that he/she be encouraging and supportive to you when you are unhappy?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
9. How important is it to you that he/she show you affection?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
10. How important is your relationship with him/her in your life?
- | | | | | | | | | | | |
|-------------|---|---|---|----------|---|---|---|---|----|-----------------|
| Not
Much | | | | Somewhat | | | | | | A Great
Deal |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

Please read the following sentences and circle the number which best indicates how you view yourself.

- | | Very
Untrue | Sort Of
Untrue | Sort Of
True | Very
True |
|--|----------------|-------------------|-----------------|--------------|
| 71. I feel confident that I am mastering my course work..... | 1 | 2 | 3 | 4 |
| 72. I do well at my studies..... | 1 | 2 | 3 | 4 |
| 73. I rarely have trouble with my homework assignments..... | 1 | 2 | 3 | 4 |
| 74. I usually feel intellectually competent at my studies..... | 1 | 2 | 3 | 4 |

Please indicate your views about the following statements on a scale of 1 (*Strongly Disagree*) to 6 (*Strongly Agree*). Circle the number that best indicates your feelings.

Strongly
Disagree

Strongly
Agree

5.	Misfortune is likely to strike worthy, decent people.....	1	2	3	4	5	6
6.	People are naturally unfriendly and unkind.....	1	2	3	4	5	6
7.	Bad events are distributed to people at random.....	1	2	3	4	5	6
8.	Human nature is basically good.....	1	2	3	4	5	6
9.	The good things that happen in this world far outnumber the bad.....	1	2	3	4	5	6
10.	The course of our lives is largely determined by chance	1	2	3	4	5	6
11.	Generally, people deserve what they get in this world..	1	2	3	4	5	6
12.	I often think I am no good at all.....	1	2	3	4	5	6
13.	There is more good than evil in the world.....	1	2	3	4	5	6
14.	I am basically a lucky person.....	1	2	3	4	5	6
15.	People's misfortunes result from mistakes they have made.....	1	2	3	4	5	6
16.	People don't really care what happens to the next person.....	1	2	3	4	5	6
17.	I usually behave in ways that are likely to maximize good results for me.....	1	2	3	4	5	6
18.	People will experience good fortune if they themselves are good.....	1	2	3	4	5	6
19.	Life is too full of uncertainties that are determined by chance.....	1	2	3	4	5	6
20.	When I think about it, I consider myself very lucky.....	1	2	3	4	5	6
21.	I almost always make an effort to prevent bad things from happening to me.....	1	2	3	4	5	6
22.	I have a low opinion of myself.....	1	2	3	4	5	6
23.	By and large, good people get what they deserve in this world.....	1	2	3	4	5	6
24.	Through our actions we can prevent bad things from happening to us.....	1	2	3	4	5	6
25.	Looking at my life, I realize that chance events have worked out well for me.....	1	2	3	4	5	6

		Strongly Disagree					Strongly Agree
6.	If people took preventive actions, most misfortunes could be avoided.....	1	2	3	4	5	6
7.	I take the actions necessary to protect myself against misfortune.....	1	2	3	4	5	6
8.	In general, life is mostly a gamble.....	1	2	3	4	5	6
9.	The world is a good place.....	1	2	3	4	5	6
0.	People are basically kind and helpful.....	1	2	3	4	5	6
1.	I usually behave so as to bring about the greatest good for me.....	1	2	3	4	5	6
2.	I am very satisfied with the kind of person I am.....	1	2	3	4	5	6
3.	When bad things happen, it is typically because people have not taken the necessary actions to protect themselves.....	1	2	3	4	5	6
4.	If you look closely enough, you will see that the world is full of goodness.....	1	2	3	4	5	6
5.	I have reason to be ashamed of my personal behavior.	1	2	3	4	5	6
6.	I am luckier than most people.....	1	2	3	4	5	6

REFERENCES

- Anthony, E. J., & Cohler, B. J. (Eds.). (1987). The invulnerable child. New York: The Guilford Press.
- Beck, A. T., War, C. H., Mendelson, M., Mock, J. & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4, 561-571.
- Bennett, L. A., Wolin, S. J., & Reiss, D. (1988). Deliberate family process: A strategy for protecting children of alcoholics. British Journal of Addiction, 83, 821-829.
- Drake, R. E. & Vaillant, G. E. (1988). Predicting alcoholism and personality disorders in a 33-year longitudinal study of children of alcoholics. British Journal of Addiction, 83, 799-807.
- Garmezy, N. (1985). Stress resistant children: the search for protective factors. In J. Stevenson, (Ed.). Recent research in developmental psychopathology. Oxford: Pergamon Press.
- Hinz, L. D. (1990). College student adult children of alcoholics: Psychological resilience or emotional distance? Journal of Substance Abuse, 2, 449-457.
- Jacobs, P. S. (1991). Characteristics of the self in children of alcoholics: A review. Alcoholism-Treatment-Quarterly, 8,(2), 67-74.
- Jones, J. W. (1982). Preliminary test manual: The Children of Alcoholics Screening Test. Chicago: Family Press.
- Lazarus, R. S. & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
- Menaghan, E. (1983). Individual coping efforts: Moderators of the relationship between life stress and mental health outcomes. In H. Kaplan (Ed.), Psychosocial stress: Trends in theory and research. New York: Academic Press.
- Neemann, J., & Harter, S. (1986). Self-perception profile for college student. University of Denver.
- O'Sullivan, C. M. (1991). The relationship between childhood mentors and resiliency in adult children of alcoholics Family Dynamics Addiction Quarterly, 1(4), 46-59.

Plescia-Pikus, M., Long-Sutter, E., & Wilson, J. P. (1988). Achievement, well-being, intelligence, and stress reaction in adult children of alcoholics. Psychological Report, 62, 603-609.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. American Journal of Orthopsychiatry, 57,(3). 316-331.

Vaux, A. (1987). Appraisals of social support: love, respect, and involvement. Journal of Community Psychology, 15, 493-502.

Werner, E. E. (1985). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. Journal of Studies on Alcohol. 47(1). 34-40.

Werner, E. E., & Smith, R. S. (1988) Vulnerable, but Invincible: A Longitudinal Study of Resilient Children and Youth, New York: McGraw-Hill

Wilson, C. & Orfor, J. (1978). Children of alcoholics. Journal of Studies on Alcohol, 39(1), 121-142.

Woodside, M. (1988). Research on children of alcoholics: past and future. British Journal of Addiction, 83, 785-792.